MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 11069904 9

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	1						51							
2		1					52							
3		1					53							
4		3					54							
5		3					55							
6		2					56							
7		3					57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
15	1						65							
16	1						66							
17	1						67							
18	1						68							
19		1					69							
20	1						70							
21	1						71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	7						TOTAL IND.							
TOTAL DEP.	20						TOTAL DEP.							
TOTAL CLAIMS	27						TOTAL CLAIMS							